



## Metropolitan Nashville Police Department

Central Records Division

811 Anderson Lane, Suite 100,

Madison, TN 37115

615-862-7631

**MNPD Open Records Request Form**

This form is to be completed for copies of records or files and inspection of  
Law Enforcement Personnel Records offered by the Metropolitan Nashville Police Department

Date: \_\_\_\_\_

This form complies with TENNESSEE CODE ANNOTATED - TITLE 10. CHAPTER 7. PART 5.

**Section A****Requestor Information:** (Business/Citizen Information)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Personal Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Send Results By:      Postal Mail      In Person      Email

Photo copy of photo ID with address must be attached to this request.

Note: Pursuant to T.C.A. § 10-7-503(a)(2)(B), "In the event it is not practicable for the record to be promptly available for inspection, the custodian shall, within seven (7) business days: (i) Make the information available to the requestor; (ii) Deny the request in writing or by completing a records request response form developed by the office of open records counsel. The response shall include the basis for the denial; or (iii) Furnish the requestor a completed records request response form developed by the office of open records counsel stating the time reasonably necessary to produce the record or information."

**Type of Service Requested:**

Dashcam - Date/Time: \_\_\_\_\_ / \_\_\_\_\_

**Section B**

Officer/Car# \_\_\_\_\_

Body Worn Camera - Date/Time: \_\_\_\_\_ / \_\_\_\_\_

Officer \_\_\_\_\_

Mug Shot•

Adoption Letter \_\_\_\_\_

Fingerprints•

Photos \_\_\_\_\_

OPA File: \_\_\_\_\_

IA/OPA Number if Known

Other (Please Explain in detail):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Fingerprints and Mug Shots requests are completed by our Forensic Services Division located at 400 Myatt Drive, Madison, TN 37115

**Section C****Subject of Request (If request is for Inspection of MNPD Personnel Files skip to Section E)**

Name (Last) (First) (Middle)

A.K.A. Names (Maiden, Other, etc.)

1 (Last) (First)

2 (Last) (First)

Date of Birth Race Sex

Social Security Number Driver License Number

Street Address: City State Zip

(NOTE: The accuracy of the information you provide is critical as all searches are conducted based on the information provided.)

**Section D****Reason for Request:**


**Section E****For MNPD Personnel Record Requests:****Tenn. Code Ann. § 10-7-503**

(c)(1) Except as provided in § 10-7-504(g), all law enforcement **personnel** records shall be open for inspection as provided in subsection (a); however, whenever the personnel records of a law enforcement officer are inspected as provided in subsection (a), the custodian shall make a record of such inspection and provide notice, within three (3) days from the date of the inspection, to the officer whose personnel records have been inspected:

- (A) That such inspection has taken place;
- (B) The name, address and telephone number of the person making such inspection;**
- (C) For whom the inspection was made; and
- (D) The date of such inspection

I request to view the following employee personnel file:

Employee Name (Print)
Assignment (If Known)

**Reason for viewing file: If related to criminal or civil litigation, please give case name or other identifying information, i.e., docket #, etc.**


**Department Use Only:**

Date Employee Notified:	Date Inspected:	Method of Notification:
Assignment Verified:		
Undercover Comments:		

**Department Use Only:**

Request Received By (Print)	Name	ENO	Date/Time
Request Processed By (Print)	Name	ENO	Date/Time
Fees Calculated By (Print)	Name	ENO	Date/Time
Total Fees: \$ _____	No. of Fingerprint Cards: _____		
Results: Mail: _____	Faxed: _____	Emailed: _____	
Date	Date		Date
Placed at counter for pick-up	Picked up		Date
Date			

**Section F**